

**State of Tennessee  
Department of Finance and Administration  
Bureau of TennCare**

**2008 HEDIS/CAHPS Report:  
A Comparative Analysis of Audited Results from  
TennCare Managed Care Organizations (MCOs)**

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200 4<sup>th</sup> Avenue, North, Suite 777  
Nashville, TN 37219

3175 Lenox Park Blvd, Suite 309  
Memphis, TN 38115

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Phone 866.514.8595 ♦ Fax 615.244.2018

Phone 800.528.2655 ♦ Fax 901.761.3786

# Table of Contents

<b>List of Tables.....</b>	<b>4</b>
<b>Acronyms, Abbreviations &amp; Initialisms.....</b>	<b>5</b>
<b>Acknowledgements and Copyrights.....</b>	<b>7</b>
<b>Executive Summary .....</b>	<b>8</b>
<b>Background .....</b>	<b>9</b>
HEDIS Measures - Domains of Care .....	9
<i>Effectiveness of Care Measures .....</i>	<i>9</i>
Childhood Immunization Status (CIS) .....	10
Breast Cancer Screening (BCS).....	10
Cervical Cancer Screening (CCS).....	10
Chlamydia Screening in Women (CHL).....	10
Appropriate Testing for Children with Pharyngitis (CWP) .....	10
Appropriate Treatment for Children with Upper Respiratory Infection (URI).....	11
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB).....	11
Use of Appropriate Medications for People with Asthma (ASM).....	11
Cholesterol Management for Patients with Cardiovascular Conditions (CMC) .....	11
Controlling High Blood Pressure (CBP) .....	11
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH) .....	12
Comprehensive Diabetes Care (CDC) .....	12
Medical Assistance with Smoking Cessation (MSC) .....	12
<i>Access/Availability of Care Measures.....</i>	<i>13</i>
Adults' Access to Preventive/Ambulatory Health Services (AAP) .....	13
Children and Adolescents' Access to Primary Care Practitioners (CAP) .....	13
Prenatal and Postpartum Care (PPC).....	13
<i>Use of Services Measures .....</i>	<i>13</i>
Frequency of Ongoing Prenatal Care (FPC).....	13
Well-Child Visits in the First 15 Months of Life (W15).....	14
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) .....	14
Adolescent Well-Care Visits (AWC) .....	14
CAHPS Health Plan Surveys.....	14
<i>CAHPS 4.0H Adult Survey .....</i>	<i>15</i>
Getting Needed Care.....	15
Customer Service .....	15
Getting Care Quickly.....	16

How Well Doctors Communicate.....	16
CAHPS 3.0H Child Survey .....	16
Getting Needed Care .....	16
Customer Service .....	17
Getting Care Quickly .....	17
How Well Doctors Communicate.....	17
Courteous and Helpful Office Staff.....	17
CAHPS 3.0H Child Survey: Children with Chronic Conditions (CCC) .....	17
Access to Prescription Medicine .....	18
Access to Specialized Services.....	18
Family-Centered Care: Shared Decision Making .....	18
Family-Centered Care: Getting Needed Information .....	18
Family-Centered Care: Personal Doctor or Nurse Who Knows Child.....	19
Coordination of Care .....	19
<b>Results .....</b>	<b>20</b>
Statewide Performance .....	20
Individual Plan Performance.....	22
<b>APPENDICES .....</b>	<b>29</b>
APPENDIX A   HEDIS 2007 National Medicaid Means and Percentiles .....	29
APPENDIX B   MCO Enrollee Population Reported in Member Months.....	31
APPENDIX C   Use of Services - Frequency of Ongoing Prenatal Care and Well-Child Visits in the First 15 Months of Life.....	32

## List of Tables

### HEDIS 2008 State to National Rates:

Table 2-1a. Effectiveness of Care Measures.....	20
Table 2-1b. Effectiveness of Care Measures Where Lower Rates Indicate Better Performance .....	22
Table 2-2. Access/Availability of Care Measures.....	22
Table 2-3. Use of Services Measures .....	22
Table 2-4. MCO HEDIS 2008 Rating Determination .....	23

### HEDIS 2008 Plan-Specific Rates:

Table 2-5a. Effectiveness of Care Measures.....	23
Table 2-5b. Effectiveness of Care Measure Where Lower Rates Indicate Better Performance .....	24
Table 2-6. Access/Availability of Care Measures.....	24
Table 2-7. Use of Services Measures .....	25
Table 2-8. MCO 2008 CAHPS Rating Determination .....	25

### 2008 CAHPS Medicaid Survey Results:

Table 2-9. 4.0H Adult.....	26
Table 2-10. 3.0H Child (General Population) .....	26
Table 2-11. 3.0H Child (Children with Chronic Conditions) .....	27
HEDIS 2007 National Medicaid Means and Percentiles .....	29
HEDIS 2008 MCO Enrollee Population (by Sex/Age) Reported in Member Months .....	31
HEDIS 2008 State to National Rates: Use of Services Measures .....	32

## Acronyms, Abbreviations & Initialisms

AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
AAP	Adults' Access to Preventive/Ambulatory Health Services
AHRQ	Agency for Healthcare Research and Quality
AmeriChoice-East	UnitedHealthcare Plan of the River Valley, Inc.
AmeriChoice-Middle	UnitedHealthcare Plan of the River Valley, Inc.
AMERIGROUP	AMERIGROUP Tennessee, Inc.
AMI	Acute Myocardial Infarction
ASM	Use of Appropriate Medications for People with Asthma
AWC	Adolescent Well-Care Visits
BCS	Breast Cancer Screening
BlueCare	Volunteer State Health Plan, Inc.
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAP	Children and Adolescents' Access to Primary Care Practitioners
CBP	Controlling High Blood Pressure
CCS	Cervical Cancer Screening
CDC	Comprehensive Diabetes Care
CHL	Chlamydia Screening in Women
CIS	Childhood Immunization Status
CMC	Cholesterol Management for Patients with Cardiovascular Conditions
CWP	Appropriate Testing for Children with Pharyngitis
CY	Calendar Year
DT	Diphtheria and Tetanus Vaccination
DTaP	Diphtheria, Tetanus and Acellular Pertussis Vaccination
FPC	Frequency of Ongoing Prenatal Care
HbA1c	Hemoglobin A1c
HEDIS	Healthcare Effectiveness Data and Information Set
HiB	H Influenza Type B Vaccination
HTN	Hypertension
IPV	Polio Vaccination
IVD	Ischemic Vascular Disease
LDL-C	Low Density Lipoprotein-Cholesterol
MCO	Managed Care Organization
MMR	Measles, Mumps and Rubella Vaccination
NCQA	National Committee for Quality Assurance
Ob/Gyn	Obstetrician/Gynecologist
Pap	Papanicolaou Test
PBH	Persistence of Beta-Blocker Treatment after a Heart Attack
PHP	Preferred Health Partnership of Tennessee, Inc.

*Acronyms, Abbreviations and Initialisms*

PPC.....	Prenatal and Postpartum Care
PTCA.....	Percutaneous Transluminal Coronary Angioplasty
Strep .....	Streptococcus
TennCare .....	Tennessee Department of Finance & Administration, Bureau of TennCare
TennCareSelect .....	Volunteer State Health Plan, Inc.
TLC.....	TLC Family Care Healthplan
UAHC .....	United American Healthcare Corporation
Unison.....	Unison Health Plan of Tennessee, Inc.
URI .....	Appropriate Treatment for Children with Upper Respiratory Infection
VZV .....	Chicken Pox Vaccination
W15 .....	Well-Child Visits in the First 15 Months of Life
W34 .....	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

## Acknowledgements and Copyrights

**CAHPS®** refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

**HEDIS®** refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

**NCQA HEDIS Compliance Audit™** is a trademark of NCQA.

**QSource®** is a registered trademark.

# Executive Summary

In 2006, Tennessee became the first state in the nation to begin requiring that all Medicaid managed care organizations (MCOs) become accredited by the National Committee for Quality Assurance (NCQA). NCQA is an independent, nonprofit organization that assesses and scores MCO performance in areas of quality improvement, utilization management, provider credentialing, and member rights and responsibilities. As a part of the accreditation requirement, TennCare MCOs were also required to report a full set of Healthcare Effectiveness Data and Information Set (HEDIS) data.

HEDIS is a set of standardized performance measures that makes it possible to track performance over time, compare MCO performance to national norms/benchmarks and compare performance across MCOs on an “apples-to-apples” basis. Included in HEDIS is the Consumer Assessment of Healthcare Providers and Systems (CAHPS), which is a set of standardized surveys used to measure members’ satisfaction with their care.

This report summarizes the results of the third full year of HEDIS/CAHPS reporting by the MCOs in the Tennessee Department of Finance and Administration, Bureau of TennCare (TennCare). In addition, a weighted average of the scores of all reporting MCOs is calculated and provided on pages 20-22. MCO-specific measures are presented on pages 23-28 of this report with color coding that allows for ready comparison to national or state benchmarks, when available. The Bureau of TennCare uses this information to assess MCO performance and as the basis for pay-for-performance initiatives that reward MCOs demonstrating significant improvement.

With regard to weighted statewide rates, improved performance was noted from HEDIS 2007 to HEDIS 2008 in many child health measures, including combination child immunization rates, appropriate testing for children with pharyngitis, and child and adolescent well-child visits. Additionally, the CAHPS results related to care for children demonstrate member satisfaction that exceeds the national benchmark in the following areas: getting needed care, getting care quickly, courteous and helpful office staff, and overall healthcare.

The *2007 HEDIS/CAHPS Report* identified management of chronic disease as an area with opportunity for improvement. The HEDIS 2008 statewide averages demonstrated performance improvement for almost all of these measures. For comprehensive diabetes care and use of appropriate medications for people with asthma, performance exceeded HEDIS 2007 Medicaid national averages.

For women’s health measures, postpartum care demonstrated superior performance with a rate that exceeded the national benchmark; however, decreases were seen in cervical cancer screening, breast cancer screening, chlamydia screening, and timeliness and frequency of prenatal care rates. Also of note, CAHPS results revealed a marked increase in medical assistance with smoking cessation, including advising smokers to quit and discussing smoking cessation medications and strategies.



# Background

## *HEDIS Measures - Domains of Care*

HEDIS is an important tool designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed healthcare plans. Standardized methodologies employed ensure the integrity of measure reporting and help purchasers make more reliable "apples-to-apples" comparisons between health plans. HEDIS measures are subject to an NCQA HEDIS Compliance Audit™ that must be conducted by an NCQA-certified HEDIS Compliance Auditor under the auspices of an NCQA-licensed organization. This ensures the integrity of the HEDIS collection and calculation process through an overall information systems capabilities assessment, followed by an evaluation of the MCO's ability to comply with HEDIS specifications.

The HEDIS rates presented in this report refer to data collected during the review period of the previous calendar year (CY), from January 1 to December 31. CY2006 was the review period reflected in the HEDIS 2007 results, CY2007 for HEDIS 2008 results. Similarly, the comparative data presented in this report from the HEDIS 2007 Medicaid Means and Percentiles reflect data procured during CY2006.

For HEDIS 2008, there were a total of 70 measures (Commercial, Medicare and Medicaid) across eight domains of care:

- ◆ Effectiveness of Care
- ◆ Access/Availability of Care
- ◆ Satisfaction with the Experience of Care (CAHPS Survey Results)
- ◆ Use of Services
- ◆ Cost of Care
- ◆ Health Plan Descriptive Information
- ◆ Health Plan Stability
- ◆ Informed Healthcare Choices (no measures in this domain)

The following brief descriptions of selected HEDIS measures were extracted from NCQA's *HEDIS 2008 Volume 2: Technical Specifications*, which includes additional information related to each measure. The measures presented in this report reflect data submitted from the following domains of care: Effectiveness of Care, Access/Availability of Care, Satisfaction with the Experience of Care (CAHPS Survey results), and Use of Services.

## **Effectiveness of Care Measures**

The Effectiveness of Care domain contains measures that look at the clinical quality of care delivered within an MCO. Measures in this domain address four aspects of care:

1. How well the MCO delivers preventive services and keeps its members healthy
2. Whether the most up-to-date treatments are being offered to treat acute episodes of illness and help members get better
3. The process by which care is delivered to people with chronic diseases and how well the MCO's healthcare delivery system helps members cope with illness
4. Whether appropriate treatment and/or testing was provided to members

For HEDIS 2008 reporting, Effectiveness of Care measures were grouped into more specific clinical categories: Prevention and Screening, Respiratory Conditions, Cardiovascular, Diabetes, Musculoskeletal, Behavioral Health, Medication Management, Measures Collected Through Medicare Health Outcomes Survey, and Measures Collected Through CAHPS Health Plan Survey. Only certain measures for particular clinical categories are presented in this report.

### Prevention and Screening

#### *Childhood Immunization Status (CIS)*

The percentage of children two years of age who had four diphtheria, tetanus (DT) and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B; one chicken pox (VZV); and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and for two separate combination rates: Combination 2 and Combination 3. Combination 2 includes the following: children who received four DTaP, three IPV, one MMR, three HiB, three hepatitis B, and one VZV vaccination. Combination 3 includes all of the antigens listed for Combination 2 and four pneumococcal conjugate vaccinations.

#### *Breast Cancer Screening (BCS)*

The percentage of women 40 to 69 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. This measure calculates a total rate as well as two age stratifications: 42 to 51 and 52 to 69 year-old women.

#### *Cervical Cancer Screening (CCS)*

The percentage of women 21 to 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year.

#### *Chlamydia Screening in Women (CHL)*

The percentage of women 16 to 25 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. This measure calculates a total rate as well as two age stratifications: 16 to 20 and 21 to 25 year-old women.

### Respiratory Conditions

#### *Appropriate Testing for Children with Pharyngitis (CWP)*

The percentage of children 2 to 18 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

### *Appropriate Treatment for Children with Upper Respiratory Infection (URI)*

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed.)

### *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*

The percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Note - Formerly, *Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis*:

For HEDIS 2007, this was a misuse measure for which a lower rate represented better performance. It assessed if antibiotics were inappropriately prescribed for healthy adults with acute bronchitis. Antibiotics are not indicated in clinical guidelines for the treatment of adults with acute bronchitis who do not have a co-morbid condition or other infection for which antibiotics may be appropriate. For HEDIS 2008, the measure was renamed and reconfigured with an inverted rate so that a higher rate represents better performance in indicating appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed). For comparative purposes in this report, the HEDIS 2007 rate was inverted for the statewide average and HEDIS 2007 National Means and Percentiles.

### *Use of Appropriate Medications for People with Asthma (ASM)*

The percentage of members 5 to 56 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. This measure calculates a total rate as well as three age stratifications: 5 to 9, 10 to 17, and 18 to 56 year-olds.

## Cardiovascular

### *Cholesterol Management for Patients with Cardiovascular Conditions (CMC)*

The percentage of members 18 to 75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 to November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, and who had each of the following:

- ◆ LDL-C screening performed during the measurement year
- ◆ LDL-C controlled (<100 mg/dL) for the most recent LDL-C screening during the measurement year

### *Controlling High Blood Pressure (CBP)*

The percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. The MCO must use the Hybrid Method for this measure.

### *Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)*

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

## Diabetes

### *Comprehensive Diabetes Care (CDC)*

The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:

- ◆ hemoglobin A1c (HbA1c) testing during the measurement year
- ◆ HbA1c poorly controlled (>9.0%) for the most recent HbA1c test during the measurement year. (For this indicator, a lower rate indicates better performance, i.e., low rates of poor control indicate better care.)
- ◆ HbA1c good control (<7.0%) for the most recent HbA1c test during the measurement year
- ◆ an eye screening (retinal or dilated) for diabetic retinal disease performed in the measurement year or a negative retinal exam (no evidence of retinopathy) in the year prior to the measurement year
- ◆ LDL-C screening performed during the measurement year
- ◆ LDL-C controlled (<100 mg/dL) for the most recent LDL-C screening during the measurement year
- ◆ medical attention for nephropathy which includes a nephropathy screening test or evidence of nephropathy
- ◆ blood pressure control (<130/80 mm Hg) for the most recent reading during the measurement year
- ◆ blood pressure control (<140/90 mm Hg) for the most recent reading during the measurement year

## Measures Collected Through CAHPS Health Plan Survey

### *Medical Assistance with Smoking Cessation (MSC)*

This measure is collected using the survey methodology to arrive at a rolling average that represents the percentage of members 18 years of age and older who were current smokers seen by an MCO practitioner during the measurement year. For these members, the following facets of providing medical assistance with smoking cessation are assessed:

- ◆ *Advising Smokers to Quit* – Those who received advice to quit smoking.
- ◆ *Discussing Smoking Cessation Medications* – Those for whom smoking cessation medications were recommended or discussed.
- ◆ *Discussing Smoking Cessation Strategies* – Those for whom smoking cessation methods or strategies were recommended or discussed.

## Access/Availability of Care Measures

The measures in the Access/Availability of Care domain evaluate how members access important and basic services of their MCO. Included are measures of overall access, how many members are actually using basic MCO services, and the use and availability of specific services.

### *Adults' Access to Preventive/Ambulatory Health Services (AAP)*

The percentage of enrollees (20 to 44, 45 to 64, and 65 years of age and older) who had an ambulatory or preventive care visit during the measurement year. For the purposes of this report, only the categories 20 to 44 and 45 to 64 are presented because the majority of services to the category 65 years of age and older would be provided by Medicare.

### *Children and Adolescents' Access to Primary Care Practitioners (CAP)*

The percentage of enrollees (12 to 24 months, 25 months to 6 years, 7 to 11 years and 12 to 19 years of age) who had a visit with an MCO primary care practitioner. The MCO reports four separate percentages:

- ◆ children aged 12 to 24 months and 25 months to 6 years who had a visit with an MCO primary care practitioner during the measurement year, and
- ◆ children aged 7 to 11 years and adolescents aged 12 to 19 years who had a visit with an MCO primary care practitioner during the measurement year or the year prior to the measurement year.

### *Prenatal and Postpartum Care (PPC)*

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- ◆ *Timeliness of Prenatal Care* – The percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester or within 42 days of enrollment in the MCO.
- ◆ *Postpartum Care* – The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

## Use of Services Measures

The Use of Services domain includes measures on which services an MCO provides for its population. It addresses information about how MCOs manage the provisions of care. Typically, these measures are expressed as rates of service, such as per 1,000 member months or years, or as the percentage of members who received a particular service.

### *Frequency of Ongoing Prenatal Care (FPC)*

The percentage of Medicaid enrollees who delivered a child between November 6 of the year prior to the measurement year and November 5 of the measurement year and who received (< 21 percent, 21 to 40 percent, 41 to 60 percent, 61 to 80 percent or ≥ 81 percent) the expected number of prenatal care visits, adjusted for gestational age and the month of pregnancy that the

member enrolled in the MCO. This measure uses the same denominator as the *Prenatal and Postpartum Care* measure.

#### *Well-Child Visits in the First 15 Months of Life (W15)*

The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner during their first 15 months of life: zero, one, two, three, four, five, or six or more.

#### *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)*

The percentage of members who were 3 to 6 years of age and who received one or more well-child visits with a primary care practitioner during the measurement year.

#### *Adolescent Well-Care Visits (AWC)*

The percentage of enrolled members who were 12 to 21 years of age and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

## **CAHPS Health Plan Surveys**

The CAHPS 4.0H Adult and CAHPS 3.0H Child Surveys are tools for measuring consumer healthcare satisfaction with the quality of care and customer service provided by their health plans. Topics include:

- ◆ Getting Needed Care
- ◆ Customer Service
- ◆ Getting Care Quickly
- ◆ How Well Doctors Communicate
- ◆ Rating of Personal Doctor
- ◆ Rating of Specialist Seen Most Often
- ◆ Courteous and Helpful Office Staff (CAHPS 3.0H Child Survey only)
- ◆ Rating of All Health Care\*
- ◆ Rating of Health Plan

In addition to these topics, the CAHPS Consortium decided in 2002 to integrate a new set of items in the 3.0H version of the CAHPS Health Plan Survey child questionnaires to better address the needs of children with chronic conditions, who are commonly referred to as children with special healthcare needs. Entitled the Children with Chronic Conditions (CCC) Survey set, the items include supplemental questions focused on topics with special relevance to children with chronic conditions. The CCC set is designed for children who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children.

*\*While "healthcare" is the standard usage adopted for this report, "health care" is used when it follows AHRQ measure names.*



All CAHPS surveys must be administered by an NCQA-certified survey vendor using an NCQA-approved protocol of administration to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS surveys include a mixed-model mail/telephone protocol and a mail-only protocol. The surveys contained within this domain are designed to provide standardized information about members' experiences with their MCOs. NCQA worked with the Agency for Healthcare Research and Quality (AHRQ) to develop these surveys.

For a plan's results to be considered reliable, the Medicaid MCO must follow one of the standard CAHPS protocols or an enhanced protocol approved by NCQA, or must achieve a 45 percent response rate using an alternative protocol. For more detail regarding this calculation methodology and the questions used in each composite, see *HEDIS 2008, Volume 3: Specifications for Survey Measures*. MCO results from the CAHPS 4.0H Adult and the CAHPS 3.0H Child and Children with Chronic Conditions Surveys were evaluated for this report.

### CAHPS 4.0H Adult Survey

The CAHPS 4.0H Adult Survey includes four composite categories; Getting Needed Care, Customer Service, Getting Care Quickly and How Well Doctors Communicate. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. Composites are comprised of two or more questions about a similar topic, measured on the same scale. The CAHPS 4.0H was revised from the CAHPS 3.0H Adult Survey to scale questions in a single way:

- |             |           |
|-------------|-----------|
| ◆ Never     | ◆ Usually |
| ◆ Sometimes | ◆ Always  |

For any given question used in a composite, the percentage of respondents answering in a certain way is calculated for each plan. Summary rates represent the percentage of members who responded in the most positive way, as defined by NCQA. The following descriptions provide a brief explanation of the four composite categories.

#### Getting Needed Care

The Getting Needed Care composite measures the experiences members had in the last six months when attempting to get care from doctors and specialists. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

#### Customer Service

The Customer Service composite measures how much of a problem it was for members to get information and to get help from customer service in the last six months. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'





### *Customer Service*

The Customer Service composite measures how much of a problem it was for members to get information and to get help from customer service in the last six months. The summary rate represents the percentage of members who responded 'Not a Problem.'

### *Getting Care Quickly*

The Getting Care Quickly composite measures the members' experiences with receiving care or advice in a reasonable time and includes experiences with time spent in the office waiting room. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### *How Well Doctors Communicate*

The How Well Doctors Communicate composite measures how well providers listen, explain and spend enough time with and show respect for what members have to say. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### *Courteous and Helpful Office Staff*

The Courteous and Helpful Office Staff composite measures the members' treatment by office staff in the last six months. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

There are four additional questions with responses scaled 0 to 10 in the CAHPS 3.0H Child Survey: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Rating of All Health Care*, and *Rating of Health Plan*. Zero represents 'worst possible' and 10 represents 'best possible.' The summary rate represents the percentage of respondents who rated the question 9 or 10.

## **CAHPS 3.0H Child Survey: Children with Chronic Conditions (CCC)**

The CCC Survey set includes supplemental questions focused on topics with special relevance to children with chronic conditions. Results include the same ratings, composites and individual question summary rates as those reported for the CAHPS 3.0H Child Survey. Additionally, six CCC composites summarize satisfaction with basic components of care essential for successful treatment, management and support of children with chronic conditions. These topics are reflected in the following composite measures presented in this report:

- ◆ *Access to Prescription Medicines*
- ◆ *Access to Specialized Services*
- ◆ *Family-Centered Care: Shared Decision Making*
- ◆ *Family-Centered Care: Getting Needed Information*
- ◆ *Family-Centered Care: Personal Doctor or Nurse Who Knows Child*
- ◆ *Coordination of Care*

The composites for children with chronic conditions are reported in one of three ways:

1. *Access to Prescription Medicines and Access to Specialized Services*

- ◆ Did not have a problem
- ◆ Had a problem, was helped
- ◆ Had a problem, was not helped

2. *Family-Centered Care: Shared Decision Making and Family-Centered Care: Getting Needed Information*

- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

3. *Family-Centered Care: Personal Doctor or Nurse Who Knows Child and Coordination of Care*

- ◆ Yes
- ◆ No

### *Access to Prescription Medicine*

The Access to Prescription Medicine composite measures how much of a problem, if any, it was to obtain prescription medicines. If any problems were encountered, it further measures the extent to which assistance was provided to resolve the problem. The summary rate represents the percentage of members who responded 'Had a problem, was helped' or 'Did not have a problem.'

### *Access to Specialized Services*

The Access to Specialized Services composite measures how much of a problem, if any, it was to obtain special medical equipment, therapy, and treatment or counseling. If any problems were encountered, it further measures the extent to which assistance was provided to resolve the problem. The summary rate represents the percentage of members who responded 'Had a problem, was helped' or 'Did not have a problem.'

### *Family-Centered Care: Shared Decision Making*

The Family-Centered Care: Shared Decision Making composite measures how often doctors offered choices regarding healthcare, the good and bad things associated with each treatment option, the extent to which doctors requested input regarding healthcare preferences, and how often doctors involved members in the decision making process according to their preference. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### *Family-Centered Care: Getting Needed Information*

The Family-Centered Care: Getting Needed Information composite measures how often doctors made it easy to discuss questions or concerns, how often members received the needed information from health providers, and how often healthcare questions were answered by providers. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

*Family-Centered Care: Personal Doctor or Nurse Who Knows Child*

The Family-Centered Care: Personal Doctor or Nurse Who Knows Child composite measures whether or not providers discussed the child's feelings, growth and behavior if the provider understands how the medical or behavioral conditions affect both the child's and family's day-to-day life. The summary rate represents the percentage of members who responded 'Yes.'

*Coordination of Care*

The Coordination of Care composite measures whether or not doctors or other health providers assisted, if needed, in contacting the child's school or daycare and if anyone from the health plan, doctor's office or clinic assisted in coordinating the child's care among different providers or services. The summary rate represents the percentage of members who responded 'Yes.'

# Results

## Statewide Performance

In conjunction with NCQA accreditation, MCOs are required to submit a full set of audited HEDIS measures to NCQA and TennCare each year. For CY2007, this included the following health plans: Preferred Health Partnership of Tennessee, Inc. (**PHP**); TLC Family Care Healthplan (**TLC**); Unison Health Plan of Tennessee, Inc. (**Unison**); UAHC Health Plan of Tennessee, Inc. (**UAHC**); UnitedHealthcare Plan of the River Valley, Inc. (**AmeriChoice-East**); Volunteer State Health Plan, Inc. (**BlueCare** and **TennCareSelect**). There are no CY2007 HEDIS results to report upon for AMERGROUPE Tennessee, Inc. (**AMERIGROUP**) and UnitedHealthcare Plan of the River Valley, Inc. (**AmeriChoice-Middle**) because these health plans became operational April 1, 2007, and are not required to achieve accreditation until December 31, 2009.

**Tables 2-1 (a and b), 2-2 and 2-3** summarize the weighted average TennCare score for each of the selected HEDIS 2007 and HEDIS 2008 measures as well as the HEDIS 2007 Medicaid National Average. The ‘average’ represents the sum of the reported rates divided by the total number of health plans reporting the rate. The weighted averages were achieved by applying the size of the eligible population within each plan to their overall results achieved. Using this methodology, plan-specific findings can be estimated from an overall TennCare statewide level, with each reporting plan contributing to the statewide estimate proportionate to its eligible population size. Where possible in **Table 2-1 (a and b)**, the statewide changes for each measure reported during both the HEDIS 2007 and the HEDIS 2008 are presented. The column titled ‘Change from 2007 to 2008’ indicates whether there was an improvement (↑) or a decline (↓) in statewide performance for the measure from HEDIS 2007 to HEDIS 2008.

Table 2-1a. HEDIS 2008 State to National Rates: Effectiveness of Care Measures				
Measure	Weighted State Rate		2007 Medicaid National Avg.	Change from 2007 to 2008
	2007	2008		
Prevention and Screening				
Childhood Immunization Status (CIS):				
DTaP/DT	79.14%	78.88%	79.30%	↓
IPV	90.28%	90.96%	87.90%	↑
MMR	89.42%	89.27%	91.10%	↓
HiB	90.45%	91.02%	89.10%	↑
Hepatitis B	90.67%	91.52%	88.40%	↑
VZV	88.76%	88.93%	88.90%	↑
Pneumococcal Conjugate	73.95%	78.97%	68.30%	↑
Combination 2	74.08%	74.20%	73.40%	↑
Combination 3	65.62%	69.20%	60.90%	↑
Breast Cancer Screening (BCS):				
42-51 year-old women	40.05%	35.59%	45.60%	↓
52-69 year-old women	49.54%	39.22%	54.80%	↓
Total Rate	44.12%	37.73%	49.10%	↓
Cervical Cancer Screening (CCS)	63.27%	59.20%	65.70%	↓

Table 2-1a. HEDIS 2008 State to National Rates: Effectiveness of Care Measures				
Measure	Weighted State Rate		2007 Medicaid National Avg.	Change from 2007 to 2008
	2007	2008		
Chlamydia Screening in Women (CHL):				
16-20 year-old women	50.00%	49.01%	50.50%	↓
21-25 year-old women	54.17%	54.61%	55.00%	↑
Total Rate	52.05%	51.72%	52.40%	↓
Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (CWP)	66.71%	67.55%	56.00%	↑
Appropriate Treatment of Children with Upper Respiratory Infection (URI)	82.50%	73.49%	83.40%	↓
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	28.00%	25.41%	28.00%	↓
Use of Appropriate Medications for People with Asthma (ASM):				
5-9 year-olds	91.66%	95.43%	89.60%	↑
10-17 year-olds	90.46%	92.29%	87.00%	↑
18-56 year-olds	83.84%	82.94%	84.70%	↓
Total Rate	88.13%	89.83%	87.10%	↑
Cardiovascular				
Cholesterol Management for Patients with Cardiovascular Conditions (CMC):				
LDL-C Screening	77.74%	78.87%	75.50%	↑
LDL-C Controlled (<100 mg/dL)	25.98%	30.33%	35.50%	↑
Controlling High Blood Pressure (CBP)	49.43%	51.77%	52.90%	↑
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)	*	71.29%	*	*
Diabetes				
Comprehensive Diabetes Care (CDC):				
HbA1c Testing	67.64%	73.26%	78.00%	↑
HbA1c Good Control (<7.0%)	21.22%	34.28%	30.20%	↑
Retinal Eye Exam Performed	33.15%	34.83%	51.40%	↑
LDL-C Screening	63.61%	66.03%	71.10%	↑
LDL-C Controlled (<100 mg/dL)	21.85%	25.25%	30.60%	↑
Medical Attention for Nephropathy	65.05%	65.19%	74.60%	↑
Blood Pressure Control (<130/80 mm Hg)	23.42%	27.38%	30.40%	↑
Blood Pressure Control (<140/90 mm Hg)	45.11%	52.77%	57.30%	↑
Measures Collected Through CAHPS Health Plan Survey				
Medical Assistance with Smoking Cessation (MSC):				
Advising Smokers to Quit	67.49%	71.49%	*	↑
Discussing Smoking Cessation Medications	28.94%	35.10%	*	↑
Discussing Smoking Cessation Strategies	30.76%	36.71%	*	↑

\* Comparative data not available.

For the Effectiveness of Care Measure – Comprehensive Diabetes Care: HbA1c Poorly Controlled (> 9.0%) presented in **Table 2-1b**, a lower rate (particularly one below the national average) is an indication of *better performance* (↑).

**Table 2-1b. HEDIS 2008 State to National Rates: Effectiveness of Care Measure Where Lower Rates Indicate Better Performance**

Measure	Weighted State Rate		2007 Medicaid National Avg.	Change from 2007 to 2008
	2007	2008		
Comprehensive Diabetes Care (CDC):				
HbA1c Poorly Controlled (>9.0%)	62.57%	47.69%	48.70%	⬆️

**Table 2-2. HEDIS 2008 State to National Rates: Access/Availability of Care Measures**

Measure	Weighted State Rate		Medicaid 2007 National Avg.	Change from 2007 to 2008
	2007	2008		
Adults' Access to Preventive/Ambulatory Health Services (AAP):				
20-44 year-olds	70.29%	66.58%	78.20%	↓
45-64 year-olds	73.42%	70.64%	83.10%	↓
Children and Adolescents' Access to Primary Care Practitioners (CAP):				
12-24 months	93.90%	92.81%	94.10%	↓
25 months-6 years	84.19%	83.47%	84.90%	↓
7-11 years	87.06%	87.24%	85.90%	↑
12-19 years	81.77%	82.05%	83.20%	↑
Prenatal and Postpartum Care (PPC):				
Timeliness of Prenatal Care	77.91%	77.57%	81.20%	↓
Postpartum Care	57.28%	59.24%	59.10%	↑

**Table 2-3. HEDIS 2008 State to National Rates: Use of Services Measures**

Measure	Weighted State Rate		2007 Medicaid National Avg.	Change from 2007 to 2008
	2007	2008		
Frequency of Ongoing Prenatal Care (FPC):				
≥ 81 percent	40.16%	35.60%	58.60%	↓
Well-Child Visits in the First 15 Months of Life (W15):				
6 or More Visits	35.76%	45.28%	55.60%	↑
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	58.56%	61.51%	66.80%	↑
Adolescent Well-Care Visits (AWC)	35.05%	36.56%	43.60%	↑

## Individual Plan Performance

This section is intended to provide an overview of individual plan performance using appropriate available comparison data. The results highlight those areas where each MCO is performing in relation to the HEDIS 2007 National Medicaid Means and Percentiles for select MCO-reported HEDIS measures. QSource uses these data to determine overall TennCare plan performance to the highest and lowest percentiles. The 'percentiles' are statistical values that represent the distribution of data. For example, the 50<sup>th</sup> percentile represents the point at which half of the reported rates are below and half of the reported rates are above that value.

**Tables 2-5 (a and b) through 2-7** display the plan-specific performance rates for each measure selected from the Effectiveness of Care, Access/Availability of Care, and Use of Services

domains. **Table 2-4** details the color coding used in **Tables 2-5** through **2-7** to indicate the rating of the MCO percentile achieved, and provides additional related comments. Since the Medical Assistance with Smoking Cessation measures are reported through the CAHPS 4.0H Adult Survey, those results are provided with the other CAHPS measures in **Table 2-9**.





Table 2-4. MCO HEDIS 2008 Rating Determination		
Color Designation	Percentile MCO Achieved	Additional Comments
	Greater than 75th	No additional comments
	25th to 75th	No additional comments
	Less than 25th	No additional comments
NA	Not Applicable	The measure was not applicable (NA) because there were fewer than 30 people in the denominator.
	No Rating Available	Benchmarking data were not available.

Table 2-5a. HEDIS 2008 Plan-Specific Rates: Effectiveness of Care Measures								
Measure	AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2007 National Medicaid 50th Percentile
<b>Prevention and Screening</b>								
<b>Childhood Immunization Status (CIS):</b>								
DTaP/DT	81.51%	82.77%	79.32%	80.18%	81.51%	65.94%	72.26%	81.30%
IPV	91.00%	94.07%	93.43%	88.11%	92.94%	85.89%	90.02%	89.80%
MMR	91.97%	92.94%	90.51%	88.72%	90.02%	82.97%	84.43%	91.80%
HiB	93.19%	92.66%	92.70%	89.02%	93.43%	87.35%	88.32%	90.80%
Hepatitis B	92.94%	94.07%	91.97%	89.63%	94.65%	86.37%	88.56%	90.60%
VZV	90.51%	92.94%	91.24%	87.20%	91.00%	82.48%	81.51%	90.50%
Pneumococcal Conjugate	82.00%	82.77%	79.56%	80.18%	79.81%	66.67%	72.26%	71.80%
Combination 2	76.89%	79.94%	73.97%	75.61%	75.18%	58.64%	68.61%	75.20%
Combination 3	72.51%	74.29%	69.59%	72.26%	69.10%	51.82%	63.75%	62.60%
<b>Breast Cancer Screening (BCS):</b>								
42-51 year-old women	34.61%	45.38%	41.36%	30.01%	36.49%	26.63%	35.99%	45.60%
52-69 year-old women	44.54%	52.63%	49.14%	30.05%	47.43%	20.95%	47.99%	54.90%
Total Rate	38.84%	48.71%	44.83%	30.03%	40.82%	23.65%	40.73%	49.20%
<b>Cervical Cancer Screening (CCS)</b>								
	52.81%	69.21%	53.40%	49.14%	62.28%	52.55%	57.58%	66.50%
<b>Chlamydia Screening in Women (CHL):</b>								
16-20 year-old women	40.61%	37.22%	37.69%	47.58%	60.02%	65.71%	55.88%	50.30%
21-25 year-old women	42.26%	42.93%	45.23%	47.29%	64.39%	71.90%	62.64%	56.30%
Total Rate	41.43%	39.91%	41.26%	47.46%	62.29%	68.90%	59.38%	52.80%
<b>Respiratory Conditions</b>								
Appropriate Testing for Children with Pharyngitis (CWP)	69.54%	65.56%	71.43%	66.88%	66.58%	70.06%	70.67%	59.60%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	70.28%	72.58%	71.56%	75.69%	69.45%	82.33%	70.44%	84.30%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	24.96%	28.10%	19.56%	26.50%	25.95%	23.60%	24.63%	24.60%
<b>Use of Appropriate Medications for People with Asthma (ASM):</b>								
5-9 year-olds	98.05%	96.21%	98.34%	96.06%	93.43%	90.72%	96.99%	91.70%



Table 2-5a. HEDIS 2008 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2007 National Medicaid 50th Percentile
10-17 year-olds	90.91%	94.35%	93.34%	92.33%	90.32%	90.94%	90.79%	88.80%
18-56 year-olds	86.65%	83.84%	84.95%	78.20%	80.60%	83.50%	85.02%	85.40%
Total Rate	91.36%	90.76%	91.44%	89.61%	87.79%	88.19%	90.48%	88.40%
<b>Cardiovascular</b>								
<b>Cholesterol Management for Patients with Cardiovascular Conditions (CMC):</b>								
LDL-C Screening	81.59%	79.81%	80.78%	75.43%	79.81%	70.56%	79.04%	77.60%
LDL-C Controlled (<100 mg/dL)	30.69%	31.39%	36.74%	27.34%	33.09%	22.14%	27.95%	36.70%
<b>Controlling High Blood Pressure (CBP)</b>	50.61%	62.29%	44.77%	60.10%	52.55%	32.12%	48.42%	55.40%
<b>Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</b>	NA	75.26%	80.39%	66.67%	52.73%	NA	NA	
<b>Diabetes</b>								
<b>Comprehensive Diabetes Care (CDC):</b>								
HbA1c Testing	77.37%	78.35%	81.02%	67.64%	77.37%	52.80%	73.72%	79.30%
HbA1c Good Control (<7.0%)	35.04%	40.39%	45.26%	31.63%	34.06%	12.17%	35.04%	31.30%
Retinal Eye Exam Performed	30.66%	39.17%	36.01%	34.31%	41.85%	20.44%	38.69%	53.60%
LDL-C Screening	75.43%	71.53%	76.16%	58.64%	63.26%	46.47%	68.61%	72.80%
LDL-C Controlled (<100 mg/dL)	27.25%	28.95%	34.06%	20.68%	26.52%	9.25%	24.57%	31.30%
Medical Attention for Nephropathy	75.18%	67.88%	72.99%	59.12%	64.48%	49.15%	71.05%	76.60%
Blood Pressure Control (<130/80 mm Hg)	29.68%	29.68%	34.31%	32.85%	26.03%	9.98%	36.50%	30.60%
Blood Pressure Control (<140/90 mm Hg)	56.69%	59.85%	63.50%	55.72%	53.77%	20.68%	63.75%	60.10%

For the Effectiveness of Care Measure – Comprehensive Diabetes Care: HbA1c Poorly Controlled (> 9.0%) presented in **Table 2-5b**, a lower rate (particularly one below the national 50<sup>th</sup> percentile) is an indication of better performance. For example, a rate in the 10<sup>th</sup> percentile is better than a rate in the 90<sup>th</sup> percentile.

Table 2-5b. HEDIS 2008 Plan-Specific Rates: Effectiveness of Care Measure Where Lower Rates Indicate Better Performance

Measure	AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2007 National Medicaid 50th Percentile
<b>Comprehensive Diabetes Care (CDC):</b>								
HbA1c Poorly Controlled (>9.0%)	47.45%	39.66%	33.58%	57.66%	36.50%	82.00%	51.09%	46.70%

Table 2-6. HEDIS 2008 Plan-Specific Rates: Access/Availability of Care Measures

Measure	AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2007 National Medicaid 50th Percentile
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP):</b>								
20-44 year-olds	66.62%	76.94%	71.97%	52.03%	70.28%	55.98%	65.69%	79.10%
45-64 year-olds	76.37%	83.29%	80.33%	51.34%	75.40%	45.67%	72.38%	85.50%
<b>Children and Adolescents' Access to Primary Care Practitioners (CAP):</b>								
12-24 months	95.22%	95.51%	94.14%	88.01%	94.64%	90.53%	94.62%	95.80%



Table 2-6. HEDIS 2008 Plan-Specific Rates: Access/Availability of Care Measures

Measure	AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2007 National Medicaid 50th Percentile
25 months-6 years	83.92%	87.11%	86.86%	79.75%	85.28%	79.81%	82.53%	86.70%
7-11 years	87.82%	91.21%	89.61%	81.26%	88.45%	86.60%	85.61%	87.20%
12-19 years	83.54%	88.65%	88.00%	74.37%	81.10%	75.51%	81.48%	85.30%
<b>Prenatal and Postpartum Care (PPC):</b>								
Timeliness of Prenatal Care	84.67%	90.51%	81.75%	77.86%	66.91%	58.15%	76.16%	84.20%
Postpartum Care	62.04%	69.83%	63.02%	55.47%	54.99%	48.91%	48.66%	59.70%

Table 2-7. HEDIS 2008 Plan-Specific Rates: Use of Services Measures

Measure	AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2007 National Medicaid 50th Percentile
<b>Frequency of Ongoing Prenatal Care (FPC):</b>								
≥ 81 percent	59.85%	3.21%	56.45%	2.33%	33.58%	31.14%	44.53%	62.90%
<b>Well-Child Visits in the First 15 Months of Life (W15):</b>								
6 or More Visits	61.80%	40.87%	58.09%	28.95%	39.17%	27.49%	42.61%	56.60%
<b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</b>	58.74%	59.32%	61.88%	50.68%	65.66%	68.86%	60.90%	67.50%
<b>Adolescent Well-Care Visits (AWC)</b>	34.06%	38.85%	36.03%	29.36%	39.88%	41.61%	34.99%	42.10%

While **AMERIGROUP** and **AmeriChoice-Middle** were not required to report HEDIS measures, results for the CAHPS survey are available and presented in the following section. **Tables 2-9** through **2-11** display the plan-specific performance rate for the CAHPS survey results. The national Medicaid average from the *National CAHPS Benchmarking Database CAHPS Health Plan Survey Chartbook, December 2007*, is the benchmarking data source for the CAHPS 4.0 Adult Medicaid and CAHPS 3.0H Child Medicaid survey results. Currently, there is no benchmarking data available for the CAHPS 3.0H Child Medicaid Survey – Children with Chronic Conditions.

**Table 2-8** details the color coding and the MCO rating scale, as well as any additional comments, used in **Tables 2-9** through **2-11** to indicate the rating achieved. For all survey results, performance is measured against the calculated statewide average.





Table 2-8. MCO 2008 CAHPS Rating Determination		
Color Designation	Rating Scale	Additional Comments
	Greater than one standard deviation above the statewide average	No additional comments
	Within one standard deviation above or below the statewide average	No additional comments
	Greater than one standard deviation below the statewide average	No additional comments
NA	Not Applicable	The survey question was not applicable (NA) because there were less than 100 valid responses.
	No Rating Available	Benchmarking data were not available.

Table 2-9. 2008 CAHPS 4.0H Adult Medicaid Survey Results

AmeriChoice-East	AmeriChoice-Middle	AMERIGROUP	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average	2007 National Medicaid CAHPS Benchmarking
<b>1. Getting Needed Care (Always + Usually)</b>										
79.32%	77.31%	73.55%	79.70%	84.15%	75.98%	75.39%	78.28%	72.49%	77.35%	47.00%
<b>2. Customer Service (Always + Usually)</b>										
NA	NA	NA	82.11%	NA	NA	NA	NA	NA	82.11%	53.00%
<b>3. Getting Care Quickly (Always + Usually)</b>										
86.40%	85.90%	79.62%	83.23%	87.37%	80.59%	80.32%	83.70%	81.98%	83.23%	53.00%
<b>4. How Well Doctors Communicate (Always + Usually)</b>										
86.95%	86.43%	83.72%	84.57%	87.89%	84.80%	85.55%	84.43%	89.53%	85.99%	67.00%
<b>5. Rating of Personal Doctor (9+10)</b>										
60.57%	56.43%	54.95%	61.00%	65.76%	65.83%	58.76%	62.95%	59.05%	60.59%	60.00%
<b>6. Rating of Specialist Seen Most Often (9+10)</b>										
69.92%	59.44%	61.82%	70.51%	64.46%	69.77%	58.47%	58.88%	63.37%	64.07%	60.00%
<b>7. Rating of All Health Care (9+10)</b>										
47.64%	41.41%	40.14%	48.39%	52.85%	47.26%	46.05%	46.15%	44.21%	46.01%	46.00%
<b>8. Rating of Health Plan (9+10)</b>										
50.79%	46.58%	42.74%	60.64%	62.11%	58.43%	55.62%	61.14%	51.78%	54.43%	51.00%
<b>Medical Assistance with Smoking Cessation (MSC)</b>										
<b>9. Advising Smokers to Quit</b>										
76.05%	71.67%	74.47%	75.58%	72.55%	66.91%	75.91%	64.63%	65.68%	71.49%	
<b>10. Discussing Smoking Cessation Medications</b>										
39.33%	35.59%	34.04%	39.19%	42.06%	34.19%	37.33%	27.71%	26.47%	35.10%	
<b>11. Discussing Smoking Cessation Strategies</b>										
36.82%	39.08%	44.12%	38.09%	37.33%	33.95%	41.81%	26.38%	32.77%	36.71%	

Table 2-10. 2008 CAHPS 3.0H Child Medicaid Survey Results (General Population)

AmeriChoice-East	AmeriChoice-Middle	AMERIGROUP	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average	2007 National Medicaid CAHPS Benchmarking
<b>1. Getting Needed Care (Not a Problem)</b>										
79.64%	82.16%	80.58%	85.17%	81.23%	81.25%	83.02%	78.58%	81.29%	81.44%	72.00%
<b>2. Customer Service (Not a Problem)</b>										
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	76.00%

Table 2-10. 2008 CAHPS 3.0H Child Medicaid Survey Results (General Population)

AmeriChoice-East	AmeriChoice-Middle	AMERIGROUP	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average	2007 National Medicaid CAHPS Benchmarking
<b>3. Getting Care Quickly (Always + Usually)</b>										
78.09%	77.61%	79.40%	77.69%	79.73%	77.32%	76.74%	75.23%	74.56%	77.37%	47.00%
<b>4. How Well Doctors Communicate (Always + Usually)</b>										
90.66%	91.66%	89.64%	89.68%	89.77%	88.82%	92.57%	90.38%	90.19%	90.37%	62.00%
<b>5. Courteous and Helpful Office Staff (Always + Usually)</b>										
89.42%	92.55%	91.21%	91.83%	90.99%	89.04%	92.36%	88.40%	90.73%	90.73%	64.00%
<b>6. Rating of Personal Doctor (9+10)</b>										
61.49%	61.90%	66.28%	62.53%	63.74%	60.70%	65.86%	67.01%	61.67%	63.46%	65.00%
<b>7. Rating of Specialist Seen Most Often (9+10)</b>										
NA	NA	NA	NA	64.34%	60.37%	NA	NA	NA	62.36%	64.00%
<b>8. Rating of All Health Care (9+10)</b>										
66.56%	67.41%	70.54%	63.33%	66.67%	61.19%	67.36%	63.70%	60.66%	65.27%	63.00%
<b>9. Rating of Health Plan (9+10)</b>										
62.53%	62.77%	61.50%	68.16%	64.26%	59.76%	68.94%	60.28%	65.41%	63.73%	64.00%

Table 2-11. 2008 CAHPS 3.0H Child Medicaid Survey Results (Children with Chronic Conditions)\*

AmeriChoice-East	AmeriChoice-Middle	AMERIGROUP	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average
<b>1. Getting Needed Care (Not a Problem)</b>									
79.45%	80.23%	76.86%	83.45%	81.62%	81.33%	81.90%	77.39%	78.50%	80.08%
<b>2. Customer Service (Not a Problem)</b>									
NA	70.23%	64.71%	NA	NA	67.94%	NA	NA	NA	67.63%
<b>3. Getting Care Quickly (Always + Usually)</b>									
78.10%	82.19%	79.05%	78.74%	80.14%	78.65%	77.43%	74.78%	74.40%	78.16%
<b>4. How Well Doctors Communicate (Always + Usually)</b>									
89.82%	93.37%	91.40%	92.94%	90.79%	90.38%	90.26%	88.01%	90.50%	90.83%
<b>5. Courteous and Helpful Office Staff (Always + Usually)</b>									
90.83%	92.89%	92.33%	93.48%	92.80%	92.00%	90.24%	89.73%	92.98%	91.92%
<b>6. Rating of Personal Doctor (9+10)</b>									
63.38%	64.01%	66.06%	66.43%	64.03%	65.59%	67.99%	69.21%	68.62%	66.15%

Table 2-11. 2008 CAHPS 3.0H Child Medicaid Survey Results (Children with Chronic Conditions)\*

AmeriChoice-East	AmeriChoice-Middle	AMERIGROUP	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average
<b>7. Rating of Specialist Seen Most Often (9+10)</b>									
65.52%	67.71%	62.90%	71.93%	66.67%	69.72%	69.01%	72.22%	63.72%	67.71%
<b>8. Rating of All Health Care (9+10)</b>									
60.06%	68.00%	64.44%	69.09%	65.69%	63.70%	66.46%	62.81%	62.80%	64.78%
<b>9. Rating of Health Plan (9+10)</b>									
56.63%	59.59%	55.51%	67.03%	64.38%	62.95%	68.90%	62.30%	62.13%	62.16%
<b>10. Access to Prescription Medicines (Had a problem, was helped + Did not have a problem)</b>									
93.88%	95.03%	94.84%	95.64%	96.46%	93.35%	95.48%	92.97%	95.31%	94.77%
<b>11. Access to Specialized Services (Had a problem, was helped + Did not have a problem)</b>									
NA	NA	89.31%	NA	NA	86.80%	NA	NA	NA	88.06%
<b>12. Family-Centered Care: Shared Decision Making (Always + Usually )</b>									
83.45%	86.59%	84.98%	84.78%	84.23%	84.60%	83.38%	77.96%	84.67%	83.85%
<b>13. Family-Centered Care: Getting Needed Information (Always + Usually)</b>									
83.61%	89.86%	86.22%	91.00%	84.96%	86.36%	85.92%	81.35%	87.05%	86.26%
<b>14. Family-Centered Care: Personal Doctor or Nurse Who Knows Child (Yes)</b>									
86.86%	88.90%	87.24%	89.21%	89.51%	89.01%	88.03%	85.65%	86.20%	87.85%
<b>15. Coordination of Care (Yes)</b>									
NA	82.02%	81.46%	79.72%	81.66%	79.64%	NA	NA	NA	80.90%

\*Currently, there is no benchmarking data available for the CAHPS 3.0H Child Medicaid Survey – Children with Chronic Conditions from the National CAHPS Benchmarking Database CAHPS Health Plan Survey Chartbook, December 2007. As such, only the statewide average is presented in this table.

# APPENDICES

## APPENDIX A | HEDIS 2007 National Medicaid Means and Percentiles

HEDIS 2007 National Medicaid Means and Percentiles						
Measure	Medicaid Mean	Percentile				
		10th	25th	50th	75th	90th
HEDIS Effectiveness of Care Measures						
Prevention and Screening						
Childhood Immunization Status (CIS):						
DTaP/DT	79.30%	69.30%	76.30%	81.30%	85.20%	88.30%
IPV	87.90%	78.80%	85.80%	89.80%	92.90%	94.60%
MMR	91.10%	85.90%	89.40%	91.80%	94.40%	95.80%
HiB	89.10%	83.10%	87.50%	90.80%	93.70%	95.40%
Hepatitis B	88.40%	78.20%	86.40%	90.60%	93.80%	95.10%
VZV	88.90%	80.30%	87.00%	90.50%	92.80%	94.90%
Pneumococcal Conjugate	68.30%	52.10%	61.40%	71.80%	77.40%	80.30%
Combination 2	73.40%	58.70%	68.30%	75.20%	80.10%	84.80%
Combination 3	60.90%	41.80%	54.30%	62.60%	70.70%	74.50%
Breast Cancer Screening (BCS):						
42 - 51 year-old women	45.60%	34.80%	39.80%	45.60%	52.00%	57.20%
52 - 69 year-old women	54.80%	43.90%	50.00%	54.90%	59.20%	65.20%
Total Rate	49.10%	39.50%	43.20%	49.20%	55.10%	59.60%
Cervical Cancer Screening (CCS)	65.70%	53.70%	60.20%	66.50%	72.00%	77.40%
Chlamydia Screening in Women (CHL):						
16-20 year-old women	50.50%	36.10%	44.70%	50.30%	58.60%	64.80%
21-25 year-old women	55.00%	37.50%	49.50%	56.30%	63.00%	69.90%
Total Rate	52.40%	37.70%	47.00%	52.80%	60.60%	66.00%
Respiratory Conditions						
Appropriate Testing for Children with Pharyngitis (CWP)	56.00%	26.40%	46.80%	59.60%	69.10%	76.90%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	83.40%	73.00%	78.40%	84.30%	89.40%	92.60%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	28.00%	18.20%	20.80%	24.60%	30.20%	40.70%
Use of Appropriate Medications for People with Asthma (ASM):						
5-9 year-olds	89.60%	83.10%	88.60%	91.70%	94.60%	96.30%
10-17 year-olds	87.00%	80.20%	86.20%	88.80%	91.40%	93.00%
18-56 year-olds	84.70%	76.40%	82.60%	85.40%	88.20%	90.90%
Total Rate	87.10%	81.50%	85.60%	88.40%	90.30%	92.00%
Cardiovascular						
Cholesterol Management for Patients with Cardiovascular Conditions (CMC):						
LDL-C Screening	75.50%	59.40%	70.70%	77.60%	82.30%	87.40%
LDL-C Controlled (<100 mg/dL)	35.50%	15.60%	26.10%	36.70%	44.80%	51.70%
Controlling High Blood Pressure (CBP)	52.90%	40.10%	47.30%	55.40%	59.90%	65.80%
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)	*	*	*	*	*	*

HEDIS 2007 National Medicaid Means and Percentiles						
Measure	Medicaid Mean	Percentile				
		10th	25th	50th	75th	90th
Diabetes						
Comprehensive Diabetes Care (CDC):						
HbA1c Testing	78.00%	67.60%	74.40%	79.30%	84.30%	89.10%
HbA1c Good Control (<7.0%)	30.20%	14.90%	24.40%	31.30%	36.60%	40.90%
Retinal Eye Exam Performed	51.40%	30.60%	42.10%	53.60%	62.70%	68.30%
LDL-C Screening	71.10%	58.70%	66.90%	72.80%	77.90%	81.00%
LDL-C Controlled (<100 mg/dL)	30.60%	15.20%	24.10%	31.30%	37.20%	44.10%
Medical Attention for Nephropathy	74.60%	60.30%	68.60%	76.60%	81.80%	85.50%
Blood Pressure Control (<130/80) mm Hg)	30.40%	19.20%	25.10%	30.60%	35.50%	41.40%
Blood Pressure Control (<140/90) mm Hg)	57.30%	41.10%	50.60%	60.10%	65.50%	69.30%
HEDIS Effectiveness of Care Measures Where Lower Rates Indicated Better Performance						
Comprehensive Diabetes Care (CDC):						
HbA1c Poorly Controlled (>9.0%)	48.70%	32.10%	39.70%	46.70%	57.40%	69.60%
HEDIS Access/Availability Measures						
Adults' Access to Preventive/Ambulatory Health Services (AAP):						
20-44 year-olds	78.20%	66.30%	74.40%	79.10%	85.10%	88.00%
45-64 year-olds	83.10%	74.10%	80.40%	85.50%	88.60%	89.80%
Children and Adolescents' Access to Primary Care Practitioners (CAP):						
12-24 months	94.10%	90.20%	93.00%	95.80%	97.40%	98.00%
25 months-6 years	84.90%	77.90%	82.40%	86.70%	89.40%	91.40%
7-11 years	85.90%	77.00%	83.40%	87.20%	90.50%	93.30%
12-19 years	83.20%	73.90%	80.10%	85.30%	89.20%	91.40%
Prenatal and Postpartum Care (PPC):						
Timeliness of Prenatal Care	81.20%	70.30%	77.00%	84.20%	88.70%	91.50%
Postpartum Care	59.10%	47.40%	54.30%	59.70%	65.50%	71.10%
HEDIS Use of Services Measures						
Frequency of Ongoing Prenatal Care (FPC):						
<21 percent	13.50%	2.30%	4.40%	7.60%	17.50%	32.00%
21-40 percent	6.00%	1.50%	2.90%	4.60%	7.80%	12.90%
41-60 percent	7.80%	3.50%	4.90%	7.40%	9.50%	13.20%
61-80 percent	14.10%	7.00%	11.10%	13.90%	17.00%	20.60%
≥ 81 percent	58.60%	33.00%	49.40%	62.90%	71.70%	78.60%
Well-Child Visits in the First 15 Months of Life (W15):						
0 Visits	3.80%	0.40%	0.70%	1.40%	2.90%	6.80%
1 Visit	2.60%	0.30%	0.90%	1.70%	3.10%	5.10%
2 Visits	3.60%	1.10%	2.20%	3.20%	4.70%	6.50%
3 Visits	6.10%	2.70%	4.20%	5.80%	7.90%	9.50%
4 Visits	11.00%	5.10%	8.20%	10.50%	14.10%	16.30%
5 Visits	17.30%	9.50%	14.10%	17.40%	21.00%	23.80%
6 or More Visits	55.60%	38.00%	46.60%	56.60%	64.40%	75.20%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	66.80%	55.70%	62.70%	67.50%	74.90%	79.90%
Adolescent Well-Care Visits (AWC)	43.60%	31.30%	35.30%	42.10%	51.40%	58.90%

\*Comparative data not available.

## APPENDIX B | MCO Enrollee Population Reported in Member Months

HEDIS 2008 MCO Enrollee Population (by Sex/Age) Reported in Member Months								
Age Group		AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison
<b>Male Subtotals</b>								
0-19 Subtotal	n	220,377	623,665	309,787	707,124	558,984	369,529	207,209
	%	(72.17%)	(74.07%)	(66.07%)	(74.57%)	(80.46%)	(69.14%)	(75.36%)
20-44 Subtotal	n	52,266	138,900	83,641	190,405	93,014	82,177	43,326
	%	(17.12%)	(16.50%)	(17.84%)	(20.08%)	(13.39%)	(15.38%)	(15.76%)
45-64 Subtotal	n	32,427	76,066	60,794	47,213	41,334	61,230	23,537
	%	(10.62%)	(9.03%)	(12.97%)	(4.98%)	(5.95%)	(11.46%)	(8.56%)
≥65 Subtotal	n	283	3,407	14,620	3,527	1,362	21,503	890
	%	(0.09%)	(0.40%)	(3.12%)	(0.37%)	(0.20%)	(4.02%)	(0.32%)
<b>Female Subtotals</b>								
0-19 Subtotal	n	220,865	618,836	304,802	594,978	571,712	373,455	212,438
	%	(55.93%)	(51.68%)	(49.03%)	(60.42%)	(55.46%)	(47.67%)	(54.66%)
20-44 Subtotal	n	133,203	438,199	211,090	308,945	375,253	264,779	143,606
	%	(33.73%)	(36.60%)	(33.95%)	(31.37%)	(36.40%)	(33.80%)	(36.95%)
45-64 Subtotal	n	40,287	134,173	78,892	74,718	80,704	86,580	31,154
	%	(10.20%)	(11.21%)	(12.69%)	(7.59%)	(7.83%)	(11.05%)	(8.02%)
≥65 Subtotal	n	508	6,175	26,922	6,130	3,223	58,568	1,480
	%	(0.12%)	(0.51%)	(4.33%)	(0.62%)	(0.31%)	(7.48%)	(0.38%)
<b>M+F Subtotals</b>								
0-19 Subtotal	n	441,242	1,242,501	614,589	1,302,102	1,130,696	742,984	419,647
	%	(63.01%)	(60.92%)	(56.35%)	(67.36%)	(65.52%)	(56.37%)	(63.23%)
20-44 Subtotal	n	185,469	577,099	294,731	499,350	468,267	346,956	186,932
	%	(26.48%)	(28.29%)	(27.02%)	(25.83%)	(27.13%)	(26.32%)	(28.16%)
45-64 Subtotal	n	72,714	210,239	139,686	121,931	122,038	147,810	54,691
	%	(10.38%)	(10.30%)	(12.80%)	(6.30%)	(7.07%)	(11.21%)	(8.24%)
≥65 Subtotal	n	791	9,582	41,542	9,657	4,585	80,071	2,370
	%	(0.11%)	(0.46%)	(3.80%)	(0.49%)	(0.26%)	(6.07%)	(0.35%)
<b>Total</b>		<b>700,216</b>	<b>2,039,421</b>	<b>1,090,548</b>	<b>1,933,040</b>	<b>1,725,586</b>	<b>1,317,821</b>	<b>663,640</b>

## APPENDIX C | *Use of Services - Frequency of Ongoing Prenatal Care and Well-Child Visits in the First 15 Months of Life*

HEDIS 2008 State to National Rates: Use of Services Measures								
Measure	AmeriChoice-East	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2007 Medicaid 50th Percentile
<b>Frequency of Ongoing Prenatal Care (FPC):</b>								
<21 percent	8.27%	63.74%	6.33%	66.88%	15.09%	16.06%	23.84%	7.60%
21-40 percent	5.11%	22.27%	4.62%	22.12%	12.90%	13.14%	14.11%	4.60%
41-60 percent	7.79%	7.36%	11.44%	5.85%	15.33%	13.63%	8.76%	7.40%
61-80 percent	18.98%	3.43%	21.17%	2.81%	23.11%	26.03%	8.76%	13.90%
≥ 81 percent	59.85%	3.21%	56.45%	2.33%	33.58%	31.14%	44.53%	62.90%
<b>Well-Child Visits in the First 15 Months of Life (W15):</b>								
0 Visits	6.81%	4.09%	3.40%	7.87%	1.70%	2.43%	2.97%	1.40%
1 Visit	3.16%	5.92%	3.48%	6.85%	5.60%	4.14%	3.77%	1.70%
2 Visits	5.35%	6.59%	4.05%	8.13%	7.54%	9.25%	5.38%	3.20%
3 Visits	3.16%	9.09%	5.66%	9.78%	11.44%	12.41%	8.35%	5.80%
4 Visits	7.06%	13.18%	10.15%	16.11%	15.09%	22.63%	14.97%	10.50%
5 Visits	12.65%	20.27%	15.17%	22.29%	19.46%	21.65%	21.95%	17.40%
6 or More Visits	61.80%	40.87%	58.09%	28.95%	39.17%	27.49%	42.61%	56.60%